PTO/SB/07 (08-03)

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Application Number Filing Date MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) * May be used for additional claims or amendments AFTER SECOND CLAIMS AS FILED AFTER FIRST **AMENDMENT AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 52 Ц. 9 1 11 1 14 1 16 1 17 1 18 1 24 ₹ 25 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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